POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	_(signature)_	_32_	_12/8_
FORMALITY REVIEW	mD	574	3/30/01
RESPONSE FORMALITY REVIEW	Rm	781	05-21-01

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim		Date						
Final	Original							
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If more than 150 claims or 10 actions
staple additional sheet here

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